

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <u>87067</u>	FILING DATE						
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL		IND.		DEP.		TOTAL		IND.		DEP.		TOTAL	
4		3		1		TOTAL		IND.		DEP.		TOTAL	
36		3		1		TOTAL		IND.		DEP.		TOTAL	